

Definition of a Person Under Investigation (PUI)*

Immediately report any PUI to the

KDHE Epidemiology Hotline 1-877-427-7317

Epidemiologic Risk	&	Clinical Features
History of travel from Hubei Province, China within 14 days of symptom onset	AND	Fever* and lower respiratory illness (cough or shortness of breath)
History of travel from any country with a CDC Alert Level 2 or Warning Level 3 travel advisory+ within 14 days of symptom onset	AND	Fever* and lower respiratory illness (cough or shortness of breath)
Close contact^ with a person that has laboratory-confirmed COVID-19 and developed symptoms within 14 days of contact	AND	Fever* or lower respiratory symptoms (cough or shortness of breath)
No source of exposure has been identified	AND	Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) and without alternative explanatory diagnosis (e.g.,

*Fever can be subjective or measured

+CDC travel advisories can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

^Being within 6 feet for a prolonged period (10 minutes or longer) or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

Testing for COVID-19 is currently available at the Kansas Health and Environmental Laboratories (KHEL). Consultation with KDHE and approval for testing is **required**.

Information to Gather for the Call to the KDHE Epidemiology Hotline

This will help our team determine if the patient meets the definition of a PUI and needs to be tested.

Detailed information is key for PUI determination.

Patient name: _____ Patient date of birth: _____

Patient address: _____

Patient phone: _____

Provider/caller name: _____

Provider/caller phone: _____

Provider/caller affiliated organization: _____

Travel History—both within and outside of the US

Asymptomatic: any within the past 14 days

Symptomatic: within 14 days prior to symptom onset

<u>Country/State/City</u>	<u>Dates</u>

Exposure History

In the last 14 days, did the patient have close contact (within 6 ft. for ≥10 mins.) with a known or suspected COVID-19 case?

☐ Yes ☐ No ☐ Unknown

In the last 14 days, did the patient have close contact with someone who has a recent travel history to a country of known transmission and became ill?

☐ Yes ☐ No ☐ Unknown

Clinical History

Does/has the patient had a fever?

Yes ☐ No ☐ Unknown ☐

Were fever reducing meds used prior to patient presentation?

If yes; Onset date:

Measured (i.e. ≥100.4° F):

Subjective: ☐ "Feeling feverish"

If yes; when was last dose:

☐ Chills ☐ Sweating ☐ Other:

Does the patient have any of the following signs/symptoms?

☐ Cough ☐ Shortness of breath
☐ Fatigue ☐ Chills ☐ Runny nose
☐ Congestion ☐ Other: _____

Earliest onset date:

Clinical History (cont.)

Did the patient have a chest x-ray?	<input type="checkbox"/> Not performed <input type="checkbox"/> Pending <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Pneumonia <input type="checkbox"/> Other: _____ Date performed: _____
Did the patient have a rapid influenza test?	<input type="checkbox"/> Not performed <input type="checkbox"/> Pending <input type="checkbox"/> Negative <input type="checkbox"/> Positive Date performed: _____
Did the patient have a respiratory panel test?	<input type="checkbox"/> Not performed <input type="checkbox"/> Pending <input type="checkbox"/> Negative <input type="checkbox"/> Positive for: _____ Date performed: _____
Do you anticipate that this patient will require admission to the hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown